

## Montana Department of Revenue



## **Promotional Product Request Form**

This form allows you to maintain product in the bailment warehouse for six months, once approved by the liquor distribution team. The liquor distribution team will work with you during this process.

Date:	Company Name	:	
Name of Montana Re	presentative:		
Representative's Pho	ne Number (work)	(other)	
NABCA#	Product Descript	tion Siz	ze Units/Case
Promotional Strateg	y (Please describe your pron	notional plan in detai	il.)
Stores Targeted for 50% of Montana store	Strategy (The Department o	f Revenue recomme	nds that at least
Please answer the f	ollowing questions.		
1. How many cases	will you initially bring into the	liquor warehouse? _	
2. How many cases	do you propose to sell within	the six-month period	l?
3. When will the prod	luct be available in the liquor	warehouse?	

The following requirements are necessary to qualify. This contract becomes null and void if any of the requirements are not met.

1. Complete price quote(s) mus	st be attached to this request form.
2. The product must be bailed.	
3. Promotional products must b	e new to the State of Montana.
Representative's Signature:	
Revenue will make arrangeme	sell at the proposed level, the Department of ents to remove excess stock from the warehouse at e provide a number to contact and shipping address
Name:	Phone:
Ship to Address:	
	d form and price quotation form(s) to: ue, Liquor Distribution, PO Box 1712, Helena, MT 59624 1
We look forward to assisting you questions, please call (406) 444	u in the success of your new products. If you have any -0737 or (406) 444-0721.
For Office Use Only	
Approved	Date
Declined	Date
Reason:	